



08/25/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL

15987 U.S. PTO
10/648159
08/25/03

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **August 25, 2003** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EU 725 534 756 US** addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0179.0041

First Inventor: Régis GALLET

Title: **NEW COMPOSITE PRODUCTS AND MOLDED ARTICLES OBTAINED FROM SAID PRODUCTS**

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 15]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 2]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<input checked="" type="checkbox"/> Certified Copy of Priority Document	<input type="checkbox"/>	<input type="checkbox"/>

FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee	24 - 20 =	4	x \$ 9.00	\$375.00	x \$ 18.00	\$750.00
Total Claims						72.00
Independent Claims	2 - 3 =	0	x \$ 42.00		x \$ 84.00	0.00
<input checked="" type="checkbox"/> Multiple Dependent Claims Presented			+ \$140.00		+ \$280.00	280.00
			Total		Total	1102.00

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge any deficiency in the indicated fees and credit any overpayments to:

Deposit
Account No.

50-1811

- ☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

Deposit
Account Name

David J. Oldenkamp

- ☐ Applicant claims small entity status 37 CFR 1.27

☒ Payment Enclosed:

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

David J. Oldenkamp, Reg. 29,421

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